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To: EMS Directors, EMS Medical Directors

From: R. David Bean, EMS Director
James P. O'Neal, M.D., State EMS Medical Director

Subject: Safe Transportation of Pediatric Patients

The Georgia EMS community has struggled for years with how to best establish standards for the safe transportation of pediatric patients. Dr. Jeff Linzer, having repeatedly expressed his concern over how pediatric patients arrived at emergency departments, took the lead to establish some guidance for EMS providers in Georgia. Lacking any national standard or consensus on this issue did not make the task less challenging. After significant research the following standards are adopted for safe transportation of pediatric patients. Service directors and service medical directors should use this guideline when establishing local policy.

1. All pediatric patients should be safely and appropriately transported. Safe and appropriate transport never includes having the child held by another person who is riding or strapped to the gurney. No child or infant should ever be held in the parent, caregiver, or EMTs arms or lap during transport.
2. Available child restraint systems should be used for all pediatric patients. These systems should include those specifically produced for secure transport on an ambulance stretcher that includes an integrated five-point harness system. [Note: please see referenced article by Bull, Weber, Talty and Manary {page 4-6} for helpful recommendations and illustrations].
3. Children who are not patients should not routinely be transported in the ambulance. There may be extenuating circumstances that require such transport. In those cases the child should always be placed in an appropriate child restraint seat in the passenger area of the ambulance.
4. While manufacturers do not recommend using a child's own car seat for transportation post accident, such may be better than no restraint during transport. Providers should discuss with their medical director and legal staff what would present a reasonable and safe approach to this possibility.

More information may be found at the following sites:

-From Safe Ride News: an interesting review on pediatric transport with commentary about using a car seat that had already been involved in an accident. This review emphasizes not to use the "hold and go" method of transport.

http://www.saferidenews.com/articles_srn/Related/Related.htm

-From Safe Transport of Children in Paramedic TRIPP (Teaching Resource for Instructors in Prehospital Pediatrics for Paramedics) from The Center for Pediatric Emergency Medicine. Top of page 5 and pages 6-7 detail safe pediatric transport.

<http://www.cpem.org/trippals/38TRANSP.PDF>

-From the Idaho EMSC Project: Use information from Dr Bull's paper as well as research from the Indiana University School of Medicine and the University of Michigan Medical School and Transportation Research Institute.

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/Ped_transport.pdf

-The AAP's position paper on transport of children with special needs.

<http://www.tracheostomy.com/resources/articles/transporting/transporting.htm>

-New Jersey's 2005 ambulance equipment list includes "Federally Approved Child Restraint System" as a "critical" element.

http://www.njsfac.org/forms/2005standards_checklist.pdf

-Tennessee rules require ambulance to have an infant restraint seat (Rule 1200-12-1-.02, 4-h-6-iii) (page 5).

<http://www.state.tn.us/sos/rules/1200/1200-12/1200-12-01.pdf>

-Massachusetts EMS peds transport guide.

<http://www.mass.gov/dph/fch/emsc/emeremt.htm>

-The Province of Ontario's EMS regulations require an "infant restraint device" on all ambulances (page 63). However they state that "Ferno Pedi-Mate currently is the only device which meets this standard."

<http://www.health.gov.on.ca/english/providers/pub/ambul/equipment/standard.pdf>

-Idaho EMS pediatric transport guide.

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/Ped_transport.pdf

-The EMSC poster

<http://www.miemss.org/EMSCwww/PDFs/EMSCDosDonts.pdf>